

APPLICATION FOR DSCP AUTOMATED SMALL PURCHASE SYSTEM – SASPS I

Automated system involving computer solicitation of quotations for purchases \$25,000 or less. Contractors who would like to participate must complete this application in accordance with the instructions set forth on the preceding page.

PART 1 – VENDOR INFORMATION	
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1. APPLICANT'S NAME AND ADDRESS:	2. BUSINESS WITH OTHER GOVERNMENT AGENCIES:
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3. TYPE OF ORGANIZATION (CHECK ONE)

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> CORPORATION INCORPORATED UNDER THE LAWS OF THE STATE OF _____

4. COMMERCIAL AND GOVERNMENT ENTITY CODE (CAGE): _____
 TAX PAYER IDENTIFICATION NUMBER: _____

5. DATE PRESENT BUSINESS STARTED: _____	6. TYPE OF OWNERSHIP <input type="checkbox"/> DISADVANTAGED BUSINESS <input type="checkbox"/> WOMEN OWNED BUSINESS <input type="checkbox"/> DISABLED VETERAN OWNED BUSINESS <input type="checkbox"/> OTHER: _____
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7. NAMES OF OFFICERS, OWNERS OR PARTNERS
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PRESIDENT:	VICE PRESIDENT:	SECRETARY:
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TREASURER:	OWNERS OR PARTNERS:
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8. PERSONS AUTHORIZED TO SIGN BIDS, OFFERS, AND CONTRACTS ON BEHALF OF YOUR BUSINESS:

NAME	OFFICIAL CAPACITY	TELEPHONE NUMBER

9. CERTIFICATION OF AFFILIATIONS

The Contractor, by submission of this application, certifies that they or their co-owners, partners or officers are not affiliated with any firm, its owners or officers, except as listed and described as follows:

10. <input type="checkbox"/> MANUFACTURER OR PRODUCER	<input type="checkbox"/> REGULAR DEALER	<input type="checkbox"/> BOTH
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> SURPLUS DEALER (Check this if you are also a dealer of surplus material)	

11. SIZE OF BUSINESS: ☐ SMALL BUSINESS CONCERN ☐ OTHER THAN SMALL BUSINESS CONCERN

12. FLOOR SPACE (square feet): A. Manufacturing: _____ B. Warehouse: _____

CERTIFICATION

I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (including all pages attached) IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPLE OR OFFICER, AS FAR AS IS KNOWN, IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY AGENCY OF THE FEDERAL GOVERNMENT FROM BIDDING OR FURNISHING MATERIALS, SUPPLIES OR SERVICES TO THE GOVERNMENT OR ANY AGENCY THEREOF. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR TO CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

SIGNATURE:	DATE:
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NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or print)

INSTRUCTIONS FOR COMPLETING DSCP FORM 1346

1. Contractors wishing to participate in DSCP Automated Small Purchase System – SASPS I shall complete DSCP Form 1346 and mail completed form along with any attachments to:

700 Robbins Avenue
Philadelphia, PA 19111-5092

2. Contractors shall also provide information concerning supplies they are capable of furnishing. This information shall be submitted, in the following format, via a Microsoft Excel Spreadsheet as follows:

J2345|K5432|12345|N
K5432|0S123|1234|N

Each line would include the Vendor CAGE, delimiter, Manufacturer CAGE, delimiter, FSC, delimiter, and Controlled Indicator = N.